

## CLAIMS AS FILED - PART I

| TOTAL CLAIMS                     |  | (Column 1)   | (Column 2)               |
|----------------------------------|--|--------------|--------------------------|
| FOR                              |  | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          |  | minus 20 =   |                          |
| INDEPENDENT CLAIMS               |  | minus 3 =    |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |              | <input type="checkbox"/> |

| SMALL ENTITY<br>TYPE, <input type="checkbox"/> |        | OTHER THAN<br>OR SMALL ENTITY |        |
|--|--------|-------------------------------|--------|
| RATE   | FEES   | RATE                          | FEES   |
| BASIC FEE                                      | 150.00 | OR BASIC FEE                  | 300.00 |
| XS 25=   |        | OR XS 50=                     |        |
| X100=  |        | OR X200=                      |        |
| +180=  |        | OR +360=                      |        |
| TOTAL  |        | OR TOTAL                      |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    |    | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|--|----|---|---|------------------|
|  |    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total  | 15 | Minus                                     | 20  | =                |
| Independent                                    | 3  | Minus                                     | 3   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |    |   | <input type="checkbox"/>                    |                  |

| SMALL ENTITY<br>OR |                        | OTHER THAN<br>SMALL ENTITY |                        |
|--------------------|------------------------|----------------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                       | ADDI-<br>TIONAL<br>FEE |
| XS 25=             |                        | OR XS 50=                  |                        |
| X100=              |                        | OR X200=                   |                        |
| +180=              |                        | OR +360=                   |                        |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE      |                        |

| AMENDMENT B                                    |    | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|--|----|---|---|------------------|
|  |    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total  | 15 | Minus                                     | 20  | =                |
| Independent                                    | 3  | Minus                                     | 3   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |    |   | <input type="checkbox"/>                    |                  |

| RATE               |  | ADDITIONAL<br>FEE     |  |
|--------------------|--|-----------------------|--|
| XS 25=             |  | OR XS 50=             |  |
| X100=              |  | OR X200=              |  |
| +180=              |  | OR +360=              |  |
| TOTAL<br>ADDT. FEE |  | OR TOTAL<br>ADDT. FEE |  |

| AMENDMENT C                                    |    | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|--|----|---|---|------------------|
|  |    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total  | 15 | Minus                                     | 20  | =                |
| Independent                                    | 3  | Minus                                     | 3   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |    |   | <input type="checkbox"/>                    |                  |

| RATE               |  | ADDITIONAL<br>FEE     |  |
|--------------------|--|-----------------------|--|
| XS 25=             |  | OR XS 50=             |  |
| X100=              |  | OR X200=              |  |
| +180=              |  | OR +360=              |  |
| TOTAL<br>ADDT. FEE |  | OR TOTAL<br>ADDT. FEE |  |

- \* If the entry in column 1 is less than zero, enter "0" in column 2
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20"
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.